Fill in this information to	o identify your case:	
Debtor 1	David A. Repyneck	
Debtor 2 (Spouse, if filing)		
United States Bankrup	tcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	
	15975	Check if this is:
(If known)		An amended filing
		☐ A supplement showing postpetition chapter 13 income as of the following date:
Official Form	<u>106I</u>	MM / DD/ YYYY

Schedule I: Your Income

12/15

For Debtor 2 or

For Debtor 1

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse			
If you have more than one job,	Employment status	■ Employed	■ Employed			
attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed			
employers.	Occupation	general - logistics	Office manager			
Include part-time, seasonal, or self-employed work.	Employer's name	Kasey Lynn's Inc. d/b/a/ The Meadows	Kasey Lynn's Inc. d/b/a/ The Meadows			
Occupation may include student or homemaker, if it applies.	Employer's address	1775 Meadows Road Hellertown, PA 18055	1775 Meadows Road Hellertown, PA 18055			

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 1,699.00 \$ 2,456.19

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	David A. Repyneck	_	С	ase number (if kno	wn)	17-15	975		
					For Debtor 1			Debtor	2 or	
	Cop	by line 4 here	4.	-	\$ 1,699.	00	\$		456.19	_
5.	l ist	all payroll deductions:								
J.	5a.	Tax, Medicare, and Social Security deductions	5a		\$ 222.	77	\$		346.56	
	5b.	Mandatory contributions for retirement plans	5b		·	00	\$—		0.00	_
	5c.	Voluntary contributions for retirement plans	5c.		:	00	\$		0.00	_
	5d.	Required repayments of retirement fund loans	5d		:	00	\$		0.00	_
	5e.	Insurance	5e	. :		00	\$		0.00	_
	5f.	Domestic support obligations	5f.	. :	\$ 1,080.	00	\$		0.00	_
	5g.	Union dues	5g			00	\$		0.00	
	5h.	Other deductions. Specify:	5h	.+ :	\$0.	00	+ \$		0.00	_
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	9	1,302.	77	\$		346.56	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	9	396.	23	\$	2,	109.63	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a			00	\$		0.00	_
	8b.	Interest and dividends	8b	. :	\$ 0.	00	\$		0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.			00	\$		540.00	_
	8d.	Unemployment compensation	8d		. —	00	\$		0.00	_
	8e.	Social Security	8e		\$0.	00	\$		0.00	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: VA disability benefi	e 8f.	. ;	\$ 2,047.	48	\$		0.00	
	8g.	Pension or retirement income	8g	j. :	\$ 0.	00	\$		0.00	
	8h.	Other monthly income. Specify: adjunct professor Lehigh County Community College	8h	ı.+ :	\$1,233.	00	+ \$		0.00	_
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	3,280.	48	\$		540.0	0
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	3,676.71	\$	2.6.	49.63	= \$	6,326.34
		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ψ_	3,070.71	*	2,0	13.00	- ⁺ -	0,020.04
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not scify:	depe					chedule 11.		0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rest te that amount on the Summary of Schedules and Statistical Summary of Certailies						12.	\$	6,326.34
13.	Do	you expect an increase or decrease within the year after you file this form	?					,	Combi month	ned ly income
		No.								
	П	Yes. Explain:								